



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

JAMES S. REINHARD, M.D.  
COMMISSIONER

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Voice/TDD (804) 371-8977  
[www.dmhmrzas.state.va.us](http://www.dmhmrzas.state.va.us)

May 8, 2002

### ADDENDUM NO. 2 TO ALL OFFERORS:

Reference: Request for Proposal; - #720C-03248-02M  
Title: Inpatient Psychiatric Services – Adult, Adolescent and Children Services  
Dated: April 17, 2002  
RFP Due: May 22, 2002 - 3:00 PM

The above referenced Request for Proposal is hereby amended as follows:

1. **The following Sections of the RFP dated April 17, 2002 are incorrectly numbered:**

EVALUATION AND AWARD CRITERIA  
REPORTING AND DELIVERY INSTRUCTIONS  
GENERAL TERMS AND CONDITIONS  
SPECIAL TERMS AND CONDITIONS

**The corrected Section numbers are as follows:**

EVALUATION AND AWARD CRITERIA – Section 9.0, to include 9.1 (9.1.1 through 9.1.7) and 9.2  
REPORTING AND DELIVERY INSTRUCTIONS – Section 10.0 to include 10.1 and 10.2  
GENERAL TERMS AND CONDITIONS – Section 11.0 to include 11.1 through 11.21  
SPECIAL TERMS AND CONDITIONS – Section 12.0 to include 12.1 through 12.14

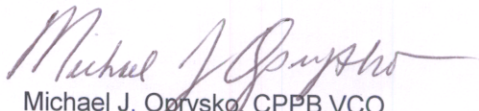
2. **Please Delete Subsection 4.1.4 “Compliance with DMHMRAS Services Management Guidelines (available for review in the Purchasing Agency’s Library) from Page 6, of Section 4.0, Number 4.1.**

3. **Please change to read on Page 10, Section 6.0, Number 6.15, Subsection 6.15.3 as follows:**

6.15.3 Contractor shall provide a two (2) week supply of medication upon patient discharge *that is directly related to the cause of psychiatric admission to the Contractor’s facility*. If clinically contraindicated, negotiation shall take place with the discharge planner to hold one week of medications and give one week to the patient the day of discharge.

Addendum #2  
RFP #720C-03248-02M

Sincerely,

  
Michael J. Oprysko, CPPB, VCO  
Grants and Contract Manager  
(804) 786-6562

Please have an authorized representative sign and date below and return with your proposal:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_